

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000108083

FILED
Apr 30, 2004
Secretary of State

Entity Name: X L THINKING, INC.

Current Principal Place of Business:

6743 NW 109TH AVENUE
MIAMI, FL 33178

New Principal Place of Business:

10981 NW 59 STREET
MIAMI, FL 33178

Current Mailing Address:

6743 NW 109TH AVENUE
MIAMI, FL 33178

New Mailing Address:

10981 NW 59 STREET
MIAMI, FL 33178

FEI Number: 52-2384369

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WALKER, MONEQUE S ESQ.
8260 WEST FLAGLER STREET
SUITE 1E
MIAMI, FL 33144 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: SALMON, ANGELA
Address: 6743 NW 109TH AVENUE
City-St-Zip: MIAMI, FL 33178

Title: SV () Delete
Name: SALMON, ANGELA
Address: 6743 NW 109TH AVENUE
City-St-Zip: MIAMI, FL 33178

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANGELA SALMON

PTD

04/30/2004

_____ Electronic Signature of Signing Officer or Director

_____ Date